PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41889

1. Corporation Name
TRS Service Co.

REINSTATEMENT 04-06.

2. Principal Office Address	3. Mailing Office Address
10300 W. Bay Harbor Dr.	10300 W. Bay Harbor Dr.
Suite, Apt. #, etc. 2-B	Suite, Apt. #, etc. 2-B
City & State Bay Harbor Isl. FL	City & State Bay Harbor Isl. FL
Zip 33154 Country USA	Zip 33154 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/13/1986

5. FEI Number 59 27 3 9563 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional fee required for certified copy

7. Name and Address of Current Registered Agent

Name: Andrew Grizzard

Street Address (P.O. Box Number is Not Acceptable): 10300 W Bay Harbor Dr

400074448764
05/11/06--01027--012 **493.75

Suite, Apt. #, Etc.: 2-B

City: Bay Harbor Isl. State: FL Zip Code: 33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: Andrew Grizzard Date: 4/11/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Andrew Grizzard	10300 W. Bay Harbor Dr 2B	Bay Harbor Isl. FL 33154

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Andrew Grizzard Andrew Grizzard 4/11/06 305 868 6486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #